

**LONG-TERM CARE
ISSUES FORUM**

OCTOBER 29, 2007

LONG-TERM CARE ISSUES FORUM
OCTOBER 29, 2007

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LONG-TERM CARE ISSUES FORUM

OCTOBER 29, 2007

AGENDA

- 9:00 WELCOME AND INTRODUCTIONS
Michael J. Head
- 9:05 - LTC Connections
9:50 Presenter: Nora Barkey
- 9:50 - Self-Determination in Long-Term Care
10:20 Presenter: Tari Muñiz
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- 10:30 - Rhonda Ferrero - Her Experience in Self-
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Presenters: Michael J. Head
Michael Daeschlein



Update Topics

Role of Options Counseling & Change in Level of Care Determination Policy & Activities Update

- **Options Counseling**
- Changes in Level of Care Determination
 - Policy
 - Implementation
- Activities and Model
- Report "from the front" West Michigan Long Term Care Connection



Options Counseling

- Interactive decision support process
- Consumers/family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of the consumers' needs, preferences, values, and individual circumstances

TEAMWORK



Long-Term Care Support Plan shall consider the consumer's:

- History and strengths
- Individual preferences and wishes
- Functional needs/health
- Financial and benefits status
- Informal supports (family, friends, neighbors) and current services
- Options—unbiased detailed information on an array of options, including but not limited to service environment, quality, risks, limitations, and capacity
- Goals and actions
- Evaluate how available long term care options meet identified goals

TEAMWORK



Long Term Care Support Plan

- Not every caller
- Persons who need assistance (not just information, not just eligibility determination) over a period of time to consider fully their situation and possible options
 - Different than LTC Education
 - Different than Futures planning

TEAMWORK



Update Topics

Role of Options Counseling & Change in Level of Care Determination Policy & Activities Update

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- **Changes in Level of Care Determination**
 - Legislation and Policy
 - Implementation
- Activities and Model
- Report "from the front" West Michigan Long Term Care Connection

TEAMWORK



Public Act 634

- Assess consumers' eligibility for all Medicaid long-term care programs utilizing a comprehensive level of care assessment approved by the department of community health
- Assist consumers in obtaining a financial determination of eligibility
- Assist consumers in developing their long-term care support plans through a person-centered planning process



Elements of MSA 07-45

- Sole agency within each region to assess a Medicaid beneficiary's medical/functional eligibility via the LOCD for nursing facilities and the Mi Choice Waiver Program
- WHO/WHEN: New and Change of Condition
- Defined Time Frames
- Wait List transfer



Implementation Activities

- Policy Distributed
- Stakeholder meetings to walk thru MSA 07-45
- Partnership agreements
 - Shared development
- LTCC staff training
- Protocols individualized
 - Admissions, Social Work, MDS Team
 - One day a week, on call



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The HUB



LTCC Activities: January to September 2007

Service	SW	Detroit	UP	WM	Total
Info & Assistance	7,660	6,051	1,828	3,706	19,245
Community Education Participants	3,847	14,574	496	567	19,484
Options Counseling Cases	478	912	362	302	2,486
Outreach Activities	118	90	341	323	872



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- **Report “from the front” West Michigan Long Term Care Connection**



West Michigan's Strategy – Nursing Facilities

- Held NF Workgroup meeting after draft released
- Hire additional Options Counselors
- Partner Options Counselors with variety of facilities to “shadow” prior to final release of policy
- Hold information sessions throughout region in early October
- Demonstrating commitment, professionalism and empathy key to collaboration.



What was good about this strategy?

- NF got their questions answered
- We listened and OLTCCS was present
- Trust in professionalism of staff key to increasing NF comfort level
- “Shadowing” brought issues forward that policy didn’t anticipate
- We came to their neighborhood with meetings
- We asked for input & committed to answering questions



West Michigan’s Strategy – Waiver Agents

- Unusual situation – 3 waiver agents with different areas/lists
- Began regular meetings early summer
- Local and Statewide Training on conducting a functional determination
- LOCD began shadowing LOCDs in September
- How to manage TIG became a LTCC decision
- Working out a way to share information to facilitate planning



Michigan's Long-Term Care Connections

1-866-642-4582

TEAMWORK



Michigan's Long-Term Care Connections (MLTCC)

Single Points of Entry for Long-Term Care Supports & Services

Michigan's Long-Term Care Connections (MLTCC)

Michigan Governor Jennifer M. Granholm issued Executive Order 2005-14 mandating establishment of three or more Single Points of Entry (SPE) demonstration projects in Michigan. Subsequently Public Act 634 of 2006 requires the establishment of four SPE demonstration projects. Both the Executive Order and the public act resulted from recommendations made by the Governor's Medicaid Long-Term Care Task Force issued in May 2004. The SPE entities, now called Long-Term Care Connections, will improve information about long-term care programs and services, and assist with planning for, obtaining access to, and assuring informed choices for persons using long term care services and supports. The goal is to create a single, coordinated system of information and access for all persons seeking long-term care services in the demonstration areas. By focusing on customer experiences, the MLTCC will reduce the confusion often encountered by individuals and families who are seeking information and assistance with looming long-term care situations and will promote decision-making that is centered on the person's goals and preferences, including assisting with wise and efficient decisions about the use of personal and publicly funded resources.

Vision

Each Long Term Care Connection (LTCC) site is a highly visible and trusted source of information and assistance about long term care, aiding Michigan residents with planning and access to needed services and supports, in accordance with their preferences.

Mission

The MLTCC will improve access and enhance consumer control by providing information and assistance to individuals needing either public or privately-funded services; professionals seeking assistance on behalf of their clients; and individuals planning for their future long-term care needs.

Principles

MLTCC will be a visible and trusted community resource that promotes personal quality of life for individuals needing long term-care supports. Individuals will be assisted in using a person-centered planning process to set goals, make choices, and plan services in line with their individual strengths, preferences, needs and resources. Access to services will be simplified and streamlined. Quality improvement is based on customer feedback.

Development Strategy

To achieve their stated Vision and Mission, MLTCC will develop partnerships and collaborative processes to maximize community participation in the design and delivery of services; create services that are viewed as visible and trusted sources; provide a system of access that appears seamless and user-friendly to the consumer through streamlined processes for intake, eligibility determination, and access to public programs; incorporate consumer direction and person-centered planning into all aspects of long-term care supports and service system; and increase utilization of health prevention programs and caregiver support services.

Single Points of Entry for Long-Term Care Supports & Services

Functions

Each LTCC project will provide comprehensive *Information and Assistance* services for a range of supports, services, and resources; provide *Long Term Support Options Counseling and Ongoing Choice Support* to improve customer understanding of all long-term care supports that are available, including understanding the impact of each alternative; facilitate information about transitions and options, as preference or conditions change and when desired, assist in the development of a transition plan; conduct *Functional Eligibility Determination*; coordinate or expedite *Medicaid Financial Eligibility Determination*; offer *Benefits Counseling* to help people learn about and apply for public and private benefits; provide SPE services during emergencies and individual crisis; and facilitate *Person-Centered Planning Process* with consumers.

Outcomes

The success of the MLTCC in removing barriers and improving access will be measured. *Outcomes* to be measured include:

- The extent to which the public views the MLTCC as a trusted source of complete and unbiased information.
- Information is comprehensive and readily available. An increased number of persons have information they need to make informed long-term care choices. Assistance is available at hospitals and other critical locations when needed.
- Access is streamlined. Timeliness for financial eligibility determination meets (or exceeds) federal standard of promptness.
- The persons wishing to transition between long-term care settings have assistance in doing so.
- Increased number of persons who use long-term care supports and services maintain connections with family, neighbors, and friends.
- Persons with disabilities and older adults utilize preventive health activities.
- Planning is person-centered and service decisions are consumer driven.
- Consumers have a defined role in determining quality and prioritizing initiatives.

Regional Demonstration Sites

Michigan committed funding for a 27 month period to implement four MLTCC demonstration projects:

- **Detroit/Wayne Long Term Care Connection** serves residents of Detroit, Hamtramck, Harper Woods, Highland Park and the Grosse Pointe area, and later expand to all of Wayne county
- **Southwest Michigan Long Term Care Connection** serves residents of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren counties
- **Western Michigan Long Term Care Connection** serves residents of Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa counties
- **Upper Peninsula Long Term Care Connection** serves residents of Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties

1- 866-MICHLTC (1-866-642-4582)

Governance

This initiative results from recommendations of the Michigan Long-Term Care Task Force. Michigan secured an *Aging and Disability Resource Center (ADRC) Grant* from the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services. Project administration and oversight is conducted by the DCH Office of Long Term Care Supports and Services. Partners at the State level include the DCH Medical Services Administration, the Office of Services to the Aging, the Department of Human Services and the Michigan Long-Term Care Supports and Services Advisory Commission.

Bulletin Number: MSA 07-45

Distribution: Hospice, Hospitals, Medicaid Health Plans, Mental Health/Substance Abuse (Prepaid Inpatient Health Plans and Coordinating Agencies), Nursing Facilities, Program of All Inclusive Care for the Elderly (PACE), MI Choice Waiver, Local Health Departments, Area Agencies on Aging

Issued: September 1, 2007

Subject: Single Point of Entry (Long Term Care Connection) Demonstration Project

Effective: November 1, 2007

Programs Affected: Medicaid

Single Point of Entry (Long Term Care Connection) Demonstration Project

The provisions of Sections 109i and 109j of Public Act 634 of 2006 amended PA 280 of 1939, authorizing the Michigan Department of Community Health (MDCH) to conduct a Single Point of Entry (Long Term Care Connection (LTCC)) demonstration project. Accordingly, MDCH has designated four pilot regional LTCC agencies that encompass thirty-six Michigan counties.

Each of the four regional LTCCs will serve as access points for individuals seeking long term care by providing information and referral for all long term care options, services and supports. The LTCCs will serve as the sole agency within each region to assess a Medicaid beneficiary's medical/functional eligibility via the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) for nursing facilities and the MI Choice Waiver program. In order to implement this policy, LTCCs will establish a memorandum of understanding with any hospitals, nursing facilities and MI Choice Program agencies located within any of the four LTCC regions.

Demonstration Project LTCC Regions and the Counties Served

The LTCC demonstration project defined in this bulletin applies **only** to providers located within the following counties, as well as the following cities surrounding the Detroit area:

Detroit/Wayne: Serves City of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park

Southwest Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren

West Michigan: Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

Upper Peninsula: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Attached is a list of the Long Term Care Connection's regional contact information. This list, as well as additional Long Term Care Connection demonstration project information, is available on the Office of Long Term Care Supports and Services website at www.michigan.gov/ltc; select Michigan's LTC Connections (Single Point of Entry) >> LTC Connections Contact Information.

Individuals living within an area served by the LTCC who are seeking long term care services outside of the area served by the LTCC are not held to the demonstration project policies.

MSA Policy Affected by LTCC Demonstration Project

The LTCC Demonstration Project modifies current LOCD policy for providers located within any of the four LTCC regions. Current LOCD policy is described in the Medicaid Provider Manual, as well as on the MDCH website at www.michigan.gov/mdch; select Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination. The following summarizes the modifications to current LOCD policy for providers located within LTCC regions.

Michigan Medicaid Nursing Facility Level of Care Determination

- Beginning November 1, 2007, all nursing facility and MI Choice Program providers located within any of the four LTCC regions will no longer conduct LOCDs (list of counties/cities located on page 1 of this bulletin).
- Beginning November 1, 2007, LTCCs will be the sole agency to conduct LOCDs for all Medicaid eligible or Medicaid pending beneficiaries residing in an area served by the LTCC who are seeking Medicaid medical/functional eligibility for Medicaid long term care programs (i.e., Medicaid reimbursed nursing facilities and MI Choice Program). The LTCC will be granted access rights to necessary medical information by way of the Medicaid provider's release form(s). The LTCC staff conducting the LOCDs must be health professionals: physician, registered nurse, licensed practical nurse, or licensed social worker (BSW or MSW) or physician assistant. Non-health professional LTCC staff may perform the LOCD with oversight by a health professional.
- Beginning November 1, 2007, LTCCs will provide a copy of their LOCD to the provider within two business days of completing it. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website (<https://sso.state.mi.us/>) under their National Provider Identifier (NPI) within two business days of receipt of the LTCC's LOCD. The MI Choice Program agency must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receipt of the LTCC's LOCD **only** if the MI Choice Program agency determines the applicant to require at least one MI Choice Program service.
- The LTCC will conduct LOCDs for all residents residing, or seeking Medicaid services, in an area served by the LTCC as follows:

New Admissions or Enrollments

The LTCC will conduct LOCDs for all Medicaid eligible beneficiaries or Medicaid pending applicants (Medicaid 'pending' status is defined as a Medicaid application that has been date stamped and registered by the Michigan Department of Human Services (MDHS)) who wish to enroll or be admitted into a Medicaid long term care program that is located within any one of the four LTCC regions whereby Medicaid reimbursement beyond Medicare co-insurance and deductible amounts will be requested as reimbursement for services rendered. The LTCC will respond within two business days from the date of contact by the beneficiary or applicant, or their representative, to schedule or to conduct the LOCD.

Change in Medical/Functional Condition of a Current Beneficiary

The LTCC may schedule and conduct a subsequent LOCD when a change in Medicaid medical/functional eligibility status is likely to occur (i.e., eligibility based on skilled rehabilitation therapies, physician involvement, treatments/conditions, etc.).

The LTCC will perform subsequent LOCDs for current residents or participants when a change in Medicaid medical/functional condition noted in the Medicaid provider's MDS, MDS-HC or medical records indicate a change in the individual's current Medicaid medical/functional eligibility status. The provider will contact the LTCC within two business days from the noted change in condition. The LTCC will conduct and provide a copy of the subsequent LOCD to the provider within five business days from the date of the provider's contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receipt of the LTCC's LOCD. The MI Choice Program agency must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receipt of the LTCC's LOCD **only** if the MI Choice Program agency determines the applicant to require at least one MI Choice Program service. If the MI Choice Program agency determines that the beneficiary does not require at least one MI Choice Program service, the MI Choice Program agency must contact the LTCC on the date the beneficiary was determined not to require at least one MI Choice Program service.

Non-Emergency Transfers of Medicaid-Eligible Residents and Participants

The provider must contact the LTCC within two business days of knowledge of a pending non-emergency transfer. Non-emergency transfers include transfers originating from a provider undergoing a voluntary closure.

Within five business days from the date of the provider's contact, the LTCC will conduct and provide a copy of the LOCDs for all non-emergency transferred Medicaid-eligible nursing facility residents who are transferred to another nursing facility who have not previously had an LOCD conducted by the LTCC. For residents who have had a previous LOCD conducted by the LTCC, the LTCC will provide a copy of the resident's LOCD to the new admitting provider within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Within five business days from the date of the MI Choice Program agency's contact, the LTCC will conduct and provide a copy of the LOCDs for all transferred Medicaid-eligible MI Choice Program participants who are transferred from one MI Choice Program agency to another MI Choice Program agency who have not previously had an LOCD conducted by the LTCC. For participants who have had a previous LOCD conducted by the LTCC, the LTCC will provide a copy of the participant's LOCD to the new agency within five business days from the agency's date of contact. The MI Choice Program agency must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

The LTCC will conduct LOCDs for financially Medicaid-eligible hospital residents seeking Medicaid long term care services as stated under the guidelines in the Memorandum of Understanding between the hospital and the LTCC.

Disenrollment of a Beneficiary from a Medicaid Health Plan

The LTCC will conduct LOCDs for financially Medicaid-eligible residents who were disenrolled beyond the forty-five days from a Medicaid Health Plan which had been paying for nursing facility services. The nursing facility must contact the LTCC within two business days from the date the resident was disenrolled from the Medicaid Health Plan. The LTCC will conduct and provide a copy of the resident's LOCD to the nursing facility within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Private Pay Residents Already Residing in a Nursing Facility

The LTCC will conduct LOCDs for current nursing facility residents who have applied for Medicaid (i.e., Medicaid 'pending' status as previously defined) as the payer for nursing facility services. The nursing facility must contact the LTCC within two business days from the date the nursing facility was informed of the resident's Medicaid pending status; if not informed of the resident's Medicaid pending status, then within two business days from the date the nursing facility received notification of the resident's determination of Medicaid financial eligibility. The LTCC will conduct and provide a copy of the LOCD within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Facility Closure and Involuntary Transfer of a Nursing Facility Resident

Any provider that is undergoing an involuntary closure and is located within any of the four LTCC regions must send a copy of the facility's 30-day notice of discontinuance (provided to the beneficiary) to the current provider's regional LTCC. The LTCC will conduct the LOCD for the Medicaid beneficiary(ies) and provide a copy to the admitting provider at the time of transfer. The new provider must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Any provider that is involved in the involuntary discharge of one or more of its residents must follow the same notification procedure outlined above. A copy of the 30-day notice of involuntary transfer that is given to the resident must be provided to the LTCC.

Emergency Transfer of a Nursing Facility Resident

Any provider located within any of the four LTCC regions that is undergoing an emergency transfer (i.e., hazardous condition: flood, fire, loss of electricity, etc.) of one or more of its residents must contact the LTCC as soon as is reasonably feasible, notifying the LTCC of the emergency transfer. Within two days of the emergency transfer, the provider must fax or provide to the LTCC a list of all the residents who were, or who are, residing with that provider who were, or who will be, transferred. The new admitting provider must conduct the Emergency Transfer LOCD within two business days from the date of the emergency transfer. The Emergency Transfer LOCD is accessed from the bottom of the LOCDs Welcome Screen in the LOCD website (<https://sso.state.mi.us/>). The new provider must also contact the LTCC within two business days from the date the new provider conducted the Emergency Transfer LOCD. The LTCC will conduct and provide a copy of the LOCDs for the emergency transferred Medicaid beneficiaries to the admitting provider within five business days from the provider's date of contact. The nursing facility must enter the information from the LTCC's LOCD into the LOCD website under their NPI within two business days of receiving the LTCC's LOCD.

Note: The Emergency Transfer LOCD does not determine Medicaid medical/functional eligibility; it allows for transfer of Medicaid reimbursement from the previous provider to the new provider who admitted an emergency transferred beneficiary.

Medicaid Eligibility

- Medicaid services will be reimbursed only when the LTCC's LOCD determines the beneficiary to be medically/functionally eligible OR when subsequent LOCDs conducted by the LTCC continue to determine the beneficiary as medically/functionally eligible AND when the LOCD is submitted by the provider into the LOCD website under their NPI within two business days of receiving a copy of the LTCC's LOCD.
- If there is a discrepancy of Medicaid medical/functional eligibility between the LTCC's LOCD and the medical/functional information reported on a nursing facility's MDS, the nursing facility must contact the LTCC within two business days of their signed and dated 14-day MDS (for new admissions) or within two business days of their first signed and dated MDS following the LTCC's LOCD (for current residents). If there is a discrepancy of Medicaid medical/functional eligibility between the LTCC's LOCD and the medical/functional information reported on the MI Choice Program agency's MDS-HC, the agency must contact the LTCC within two business days of their signed and dated MDS-HC.

- If a Medicaid Retrospective Review determines that the LTCC's admission or enrollment decision, or continued stay decision in the case of a current beneficiary, was in error, the provider will not be held liable to Medicaid for repayment of the beneficiary's admission, enrollment or continued stay if the nursing facility provider contacted the LTCC within two business days of the nursing facility's signed and dated 14-day MDS (for new admissions), or within two business days of the nursing facility's signed and dated MDS following the LTCC's LOCD (for current residents), or within two business days of the MI Choice Program agency's signed and dated MDS-HC, to report a discrepancy of Medicaid eligibility between the medical/functional information reported in that MDS, or that MDS-HC, and the LTCC's LOCD. The provider remains responsible for the completion of all MDS and MDS-HC reviews and for assuring that the beneficiary continues to meet the Medicaid medical/functional criteria for a nursing home stay or MI Choice Program participation on an ongoing basis.

Adverse Action Notice and Exception Review

- If the LTCC determines a beneficiary to be ineligible based on their LOCD, or no longer eligible based on any subsequent LOCD, the LTCC must issue an Adverse Action Notice and appeal options to the beneficiary on the date of the adverse action. The language in the LTCC's Adverse Action Notice must inform the ineligible beneficiary of their right to contact the MDCH peer review organization designee to request a Nursing Facility Level of Care Exception Process Immediate Review, as well as their right to a Medicaid fair hearing.

OR

- If the LTCC determines a beneficiary to be ineligible or no longer eligible based on their LOCD, or any subsequent LOCD, the LTCC may contact the MDCH peer review organization designee on the date of the adverse action to request the Nursing Facility Level of Care Exception Review on behalf of the beneficiary. If the MDCH peer review organization designee determines the beneficiary to be ineligible, the MDCH peer review organization designee is responsible for issuing the Adverse Action Notice to the beneficiary. The language in the MDCH peer review organization designee's Adverse Action Notice must inform the ineligible beneficiary of their right to a Medicaid fair hearing.

Telephone Intake Guidelines

- Beginning November 1, 2007, MI Choice Program agents located within any of the four LTCC regions may no longer conduct Michigan Medicaid Nursing Facility Telephone Intake Guidelines (TIG). Contacts made to the MI Choice Program agent are to be referred to that agency's regional LTCC. The LTCC will conduct the TIG within two business days of contact from a consumer. An Adverse Action Notice must be issued to beneficiaries who are determined ineligible based on the TIG. An Adverse Action Notice includes the beneficiary's right to request a Medicaid fair hearing.

Waiting Lists

- Beginning November 1, 2007, MI Choice Program agencies located within any of the four LTCC regions may no longer add beneficiaries or applicants to official "Waiting Lists" as defined in current MI Choice Program policy on the MDCH website at www.michigan.gov/mdch; select Providers >> Information for Medicaid Providers >> Michigan Medicaid Nursing Facility Level of Care Determination.
- On November 1, 2007, MI Choice Program Waiver agencies must forward their waiting lists to the LTCC within their region and must inform beneficiaries and applicants on their waiting lists that their point of contact from November 1, 2007, forward, is the LTCC. Until such time all beneficiaries or applicants on MI Choice Program waiting lists as of November 1, 2007, are enrolled or eliminated, MI Choice Program Waiver agencies will work in collaboration with the LTCC on enrollment or placement of the beneficiaries or applicants on the waiting lists as of November 1, 2007. The MI Choice Program agencies must continue to submit Waiting List Quarterly Summary Reports (form MSA-0812) to MDCH. The LTCC must forward to MDCH a copy of their waiting list in the format requested.

- Beginning November 1, 2007, LTCCs will maintain and be responsible for official waiting lists for all beneficiaries or applicants residing in an area served by the LTCC who are seeking long term care services. LTCCs will prioritize by category (Children's Special Health Care Services, Nursing Facility Transition, Adult Protective Services and Other) beneficiaries and applicants on their official waiting lists according to current LOCD policy on the MDCH website noted above.
- Beginning November 1, 2007, beneficiaries or applicants on MI Choice Program waiting lists that are listed under the category of "Other" will be prioritized for placement over beneficiaries or applicants on LTCC waiting lists that are listed under the category of "Other".
- Beginning November 1, 2007, beneficiaries or applicants on MI Choice Program waiting lists that are listed under the categories of Children's Special Health Care Services (CSHCS), Nursing Facility Transition and Adult Protective Services, and beneficiaries or applicants on LTCC waiting lists that are listed under the categories of CSHCS, Nursing Facility Transition and Adult Protective Services, will be placed by priority chronologically (by the date of request for services).
- When MI Choice Program waiting lists no longer contain names of beneficiaries or applicants awaiting placement, all official waiting lists will fall under the responsibility and maintenance of the LTCCs.

Freedom of Choice Form

- The LTCCs are responsible for obtaining all signatures required on the Freedom of Choice form only for LOCDs that are conducted by the LTCC. Freedom of Choice form signatures that the LTCC is unable to obtain remain the responsibility of the provider. The LTCCs and the providers must maintain a copy of the Freedom of Choice form on file, or in the beneficiary's medical record, for at least three years, even if the beneficiary was determined ineligible via the LOCD.

Continued Policy Requirements

- Providers who are not located within an area served by the LTCC (not within the demonstration project counties or cities) must continue to adhere to MSA policy requirements.
- All Medicaid providers remain responsible for assuring that the resident or participant continue to meet LOCD criteria on an ongoing basis.
- All Medicaid providers remain responsible for continuing to conduct federally required resident assessments (PASARR, MDS, MDS-HC, etc.).

Please direct any comments or questions regarding the **Single Point of Entry/Long Term Care Connection Demonstration Project** to:

Nora Barkey, Project Coordinator
Office of Long Term Care Supports and Services
Phone: (517) 335-9842
Email: MI-LTCC@Michigan.gov

Manual Maintenance

Retain this bulletin until further notice.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink, appearing to read "Paul Reinhart". The signature is fluid and cursive, with the first name "Paul" being more prominent than the last name "Reinhart".

Paul Reinhart, Director
Medical Services Administration

MSA 07-45
Questions and Answers

1. What are the requirements and time frames for persons who are dually eligible and enter the nursing facility with skilled care needs (Medicare is primary)?

Persons entering a NF from a hospital who are dually eligible will be admitted to the NF using Medicare skilled coverage. Because dually eligible beneficiaries are also Medicaid eligible, an LOCD must be completed as follows: the nursing facility will contact the LTCC within two business days of admission and the LTCC will conduct the LOCD within ten calendar days and provide a copy to the nursing facility. The nursing facility will have two business days to enter the completed LOCD into the LOCD web site.

2. Are Options Counselors covered by MSA 06-35 on Criminal History Background Check?

The interactions between an individual and the Options Counselor do not meet the requirements of MSA 06-35. The Long Term Care Connection contract and standards do require a less intensive background check and all Options Counselors are screened as part of the LTCC employment process.

3. How can we know when a person who is receiving service in a nursing home is disenrolled from an HMO?

When the Medical Services Administration (MSA) approves disenrollment from an HMO, an email with beneficiary and nursing facility information will be sent to the identified contact persons at the LTCCs. LTCC staff at each site will follow-up with appropriate staff at nursing facilities within their region by scheduling a LOCD.

Nursing facilities will inform the LTCC when they receive notice of a beneficiary's HMO disenrollment.

This process provides for redundancy to assure the LTCC is informed. As the procedures are tested and working, the overlap will be eliminated.

4. What are the requirements for a LOCD for persons who are Medicaid and who are receiving Hospice service when the individual is seeking a stay in a nursing facility for respite or for stabilization?

Hospice providers and hospice enrolled beneficiaries are not required to contact the LTCC when seeking admission to a nursing facility from home or from the hospital.

When a hospice beneficiary is disenrolled from hospice, a LOCD must be completed. The hospice provider will be asked to contact the LTCC when a beneficiary is disenrolled from hospice and remains in a nursing facility .

When a nursing facility learns an individual is disenrolling from hospice, they must contact the LTCC so the LOCD can be completed.

This process provides for redundancy to assure the LTCC is informed. Our current plan is to test procedures and when proven to be working, the overlap will be eliminated.

5. How is a LOCD completed if a person dies before LTCC staff complete the LOCD?

The LTCC will use appropriate medical records and information from provider staff to complete the required LOCD.

6. Who signs and what provider type is used when completing the LOCD form and the Freedom of Choice form?

The LTCC staff signs the Freedom of Choice as the professional completing the LOCD. The LTCC staff and the nursing facility staff work together to get the applicant's/applicant's representative signature on the Freedom of Choice form. The National Provider ID (NPI) replaces the Provider ID and Provider Type as of October 1, 2007. The NPI refers to the admitting nursing facility and is written onto the hardcopy (paper) LOCD done by the LTCC. The NPI is automatically generated on the computerized LOCD and Freedom of Choice form when the Medicaid provider enters the LTCC's LOCD under their NPI.

**MSA 07-45
Questions and Answer
MI Choice Waiver**

1. Are waiver agents allowed to wait until after assessment to enter the LOCD on the website without penalty if it takes longer than two days to schedule a community interview?

Answer: As of November 1, 2007, MI Choice Waiver agencies may no longer conduct the LOCD or the Telephone Intake Guidelines. The LTCC will conduct screening for purposes of placing consumers on the wait list which will be maintained by the LTCC.

The LTCC will conduct an LOCD only when a MI Choice waiver agent notifies the LTCC of an opening in their program. To enhance coordination between the LTCC and long term care providers at the local level, we are requiring/encouraging the development of partnership agreements that clearly identify the responsibility of each party to ensure that consumers have timely access to LOCDs as well as a continuation of services. The partnership agreement will provide for initial contact with the consumer to schedule the LOCD and the MI Choice MDS-HC assessment. This coordination will support the meeting of required time frames as stated in MSA 07-45.

2. How is [a significant] change in medical function interpreted?

Answer: A significant change in condition is a change that may affect the beneficiary's current Medicaid functional eligibility status: eligible to ineligible, ineligible to eligible. If a beneficiary has a significant change in condition, a subsequent LOCD must be conducted. A subsequent LOCD is not required if there is a change in the door through which the beneficiary initially qualified.

Are we to assume functional change when a current Medicaid Waiver participant enters and leaves a nursing facility after receiving rehabilitation services?

Answer: Assessment of functional capacity is part of ongoing waiver requirements. If the change is significant, and it may affect the beneficiary's current Medicaid functional eligibility status, a referral to the LTCC must be made.

If a change in medical functioning is noted during a reassessment, and a consumer still qualifies under a different door is it possible for the care manager to complete this LOCD or do they have to reschedule a visit with a LTCC options counselor?

Answer: As of November 1, 2007, only the LTCC may conduct the LOCD for providers located within any one of the four LTCC Regions. This includes any subsequent LOCDs. If the significant change in condition may change the beneficiary's current Medicaid functional eligibility status, a subsequent LOCD is required. The MI Choice Waiver agency must contact the LTCC within the timeframe given in MSA 07-45 to schedule a subsequent LOCD.

3. What is our financial risk if the individual LOCD is not put in within two days? Are we still looking at a financial liability for 14 days or 2 days after first day of service?

Answer: Financial responsibility is not changed by this policy. Current MSA policy continues to require that LOCDs be entered in the online LOCD web site within the 14 days, however, the MSA 04-75 requires providers to inform the LTCC within 2 days of "admission" (this will be coordinated due to the wait list) and allows 5 days for the LTCC to apply the LOCD, and 2 days for the provider to enter the LTCC's LOCD into the LOCD web site.

4. When we have individuals we are presently serving in our OSA/CM program who may be transferred to our Medicaid Waiver program, are we required to schedule a LOCD with the LTCC or is the Supports Coordinator who has frequently performed reassessments on the individual permitted to do the LOCD?

Answer: Per MSA 07-45 issued September 1, 2007, effective November 1, 2007, the LTCC must conduct the LOCD for any individual entering a Medicaid funded long term care program for providers located within any one of the four LTCC regions. This includes individuals transferring from the Office of Services to the Aging/Care Management program to the MI Choice Waiver.

Are we able to enroll OSA/CM participants into Medicaid waiver without consulting the LTCC as to waiting list priority?

Answer: No. Per MSA 07-45, the MI Choice Waiver waiting list will be maintained by the LTCC and the LTCC must be consulted prior to enrollment of any individual into the MI Choice Waiver .

5. How is a disagreement handled if the MI Choice provider states that they disagree with the LOCD made by the LTCC?

Answer: Per MSA 07-45, if there is a difference of Medicaid functional eligibility between the LTCC's LOCD and the MI Choice Waiver's MDS-HC, the waiver agent must contact the LTCC within two business days of the signed and dated MDS-HC. It is our expectation that the MI Choice Waiver provider and the LTCC will engage in constructive dialogue regarding LOCD disagreements to ensure all parties have a complete understanding of the differences of opinion, and to reach an agreement. The final determination of functional eligibility is made by the LTCC.

Who alerts the participant of the disagreement?

Answer: The consumer is not alerted of a disagreement between the MI Choice Waiver's MDS-HC and the LTCC's LOCD. If the LTCC determines the beneficiary as ineligible via the LOCD, per MSA 07-45, adverse action notices are issued by the LTCC.

Are we representing our own clients if the LTCC determines the client ineligible and we have evidence to show the client is eligible?

Answer: The LTCC staff have the expertise to determine functional eligibility and the responsibility for informing clients of their functional eligibility determination via an adverse action notice. When a client wishes to request an immediate review from MDCH's contracted Michigan Peer Review Organization (MPRO), or request an administrative hearing, the LTCC staff represent the state. Clients may represent themselves or identify another party to represent them in the beneficiary appeals process, but as contracted entities of the state, MI Choice Waiver agents may not represent the beneficiary. Current policy requiring that waiver agents and nursing facility providers represent the department in LOCD appeals remains in effect.

Are we to continue services until a determination is reached? Will we receive reimbursement if the ruling states the participant does not qualify for Long Term Care services?

Answer: If a new Medicaid beneficiary, or person with a pending Medicaid application, is initially determined functionally ineligible for Medicaid and appeals the LOCD, or appeals MPRO's Immediate or Exception review of ineligibility, Medicaid will not pay for the beneficiary's care during the appeals process.

If a current Medicaid beneficiary is determined functionally ineligible based on a subsequent LOCD **within the timeframe identified within the notice letter**, Medicaid will continue to pay for the beneficiary's care during the appeals process until a final decision and order is rendered.

If a Medicaid beneficiary files for a Medicaid Fair Hearing based on a negative LOCD determination (initial or subsequent LOCD) and has a significant change in medical condition prior to the hearing date, the provider must contact the LTCC to arrange for another subsequent LOCD. If the additional subsequent LOCD determines the beneficiary to be functionally eligible, the beneficiary may contact the MDCH Administrative Tribunal to withdraw their request for a hearing, or the beneficiary may continue with the hearing to appeal the prior LOCD determination of functional ineligibility. Medicaid will make payment only for dates of services for which the beneficiary was determined functionally eligible for services.



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

Date: October 23, 2007

To: Spencer Johnson, President, MHA
David Finkbeiner, MHA
Daniel Gustafson, Director, HCAM
Pat Anderson, HCAM
David Herbel, Director, MASHA
Deanna Mitchell, MASHA
Kevin Evans, MCMCFC District II Director
Renee Beniak, MCMCFC

From: Michael J. Head, Director
Office of Long Term Care Supports and Services

Subject: Contact Information for Medicaid Providers with Concerns about MSA Policy 07-45: Level of Care Determinations Being Conducted By Single Point of Entry Organizations

As you know, Medicaid policy 07-45 was issued in September 2007 with an effective date of November 1, 2007. There are many concerns associated with this change in the authority to conduct the Level of Care determination required as a condition for Medicaid to cover the costs of individuals who need Medicaid to pay for care in a nursing facility or a MI Choice Waiver program. PA 634 of 2006 requires that where there is a Single Point of Entry (SPE) entity, that entity is the determinant of eligibility for Medicaid Long Term Care programs for individuals who reside in areas covered by an SPE.

In order to assist you and your members to make local contact, if they are as providers affected by this policy or in order to raise implementation issues, we are providing contact information for each of the Michigan SPE entities, which are called "Long-Term Care Connections". If there are local issues, these should be presented to the Long-Term Care Connection organization operating in that particular area. If there is a need to raise issues involving implementation to the Department level, the best route is to send an email to the following address: MI-LTCC@michigan.gov. This email address is monitored on a daily basis and is the suggested route for presenting overall implementation issues. In addition, contact information for the Office of Long-Term Care Supports & Services staff managing the contracts for the Long-Term Care Connections entities is contained in this memo, should you desire to share local issues with this Office.

As agreed in an implementation discussion held Monday, October 22, we will schedule a follow-up to further discuss implementation issues in the next two weeks.

Long-Term Care Connections contact information:

Detroit/Wayne Long Term Care Connection 313-567-5822

Serves the Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, and Highland Park

Detroit/Wayne LTCC Earlene Traylor Neal, Director
1333 Brewery Park Blvd. Suite 160
Detroit, Michigan 48207

Southwest Michigan Long Term Care Connection 269-982-7732

Serves Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties

Southwest Michigan LTCC John Altena, Director
2900 Lakeview Avenue
St. Joseph, Michigan 49085

West Michigan Long Term Care Connection 616-956-6627

Serves Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa counties

West Michigan LTCC Chuck Logie, Director
3600 Camelot Dr. S.E., Suite 2
Grand Rapids, Michigan 49546

Upper Peninsula Long Term Care Connection 906-786-4701

Serves Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties

Upper Peninsula LTCC Mark Bomberg, Director
2501 14th Avenue South
P.O. Box 606
Escanaba, Michigan 49829

Office of Long Term Care Supports and Services Contact Information:

Nora Barkey, Project Coordinator, Contract Manager for West Michigan Long Term Care Connection and Southwest Michigan Long Term Care Connection: barkeyN@michigan.gov or 517-335-9842

Jane Church, Contract Manager for Detroit/Wayne County Long Term Care Connection and Upper Peninsula Long Term Care Connection: churchja@michigan.gov or 517-241-9173

C:	Paul Reinhart	John Altena
	Ed Kemp	Steve Fitton
	Chuck Logie	Susan Yontz
	Mark Bomberg	Nora Barkey
	Earlene Traylor Neal	Jane Church

**SELF DETERMINATION IN
LONG TERM CARE**
Office of Long Term Care
Supports and Services



**What is the Self
Determination In
Long Term Care
Option?**

Who is eligible?

All MI Choice Waiver Participants

➤ **Adults with Disabilities and
the Elderly**

What is new?

Traditional service

- Homemaker from provider agency
- Home delivered meals
- Para-transit transportation
- Funds for service controlled by waiver agent

Self Determination Option

- Homemaker provided by a family member
- Purchase a microwave
- Transportation provided by a neighbor
- Budget for services controlled by participant

What is new?

- Financial Intermediary Service provider to help manage the individual budget
- Additional Counseling and advice through an Independent Support Broker or Support Coordinator

What remains the same?

- All participants will have a service plan
- All participants will continue to work with their care manager/supports coordinator
- All services will be authorized by the waiver agent



What remains the same?

- No effect on non-Medicaid services
- Participants will still be offered the full array of Medicaid services they are eligible for
- Medicaid Financial eligibility standards will remain the same



Why is Michigan offering this option?

- ✓ More choice is worth the effort
- ✓ This policy change supports the 1999 Supreme Court Olmstead Decision
- ✓ Effective option in mental health services
- ✓ Response to the Medicaid LTC Task Force recommendations

Evaluations conducted in states with self-direction options show:

- Participants feel safer and are more satisfied when they hire their own workers
- Self direction expands participant's access to care
- Workers hired directly by participants report higher job satisfaction

How do participants get started?



Process

Person Centered Planning

Individual Plan of Service

Individual Budget

- Agency With Choice
- Choice Voucher System

Self Directed Services

- Personal Care
- Homemaking
- Chore
- Respite outside of home
- Home Modifications
- Non-Medical Transportation

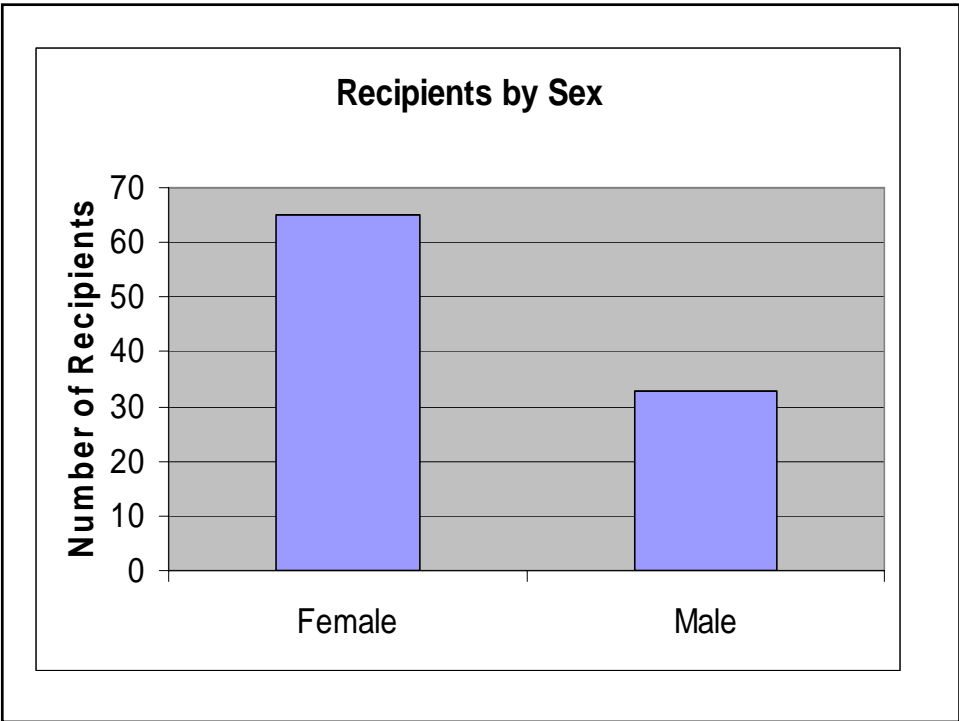
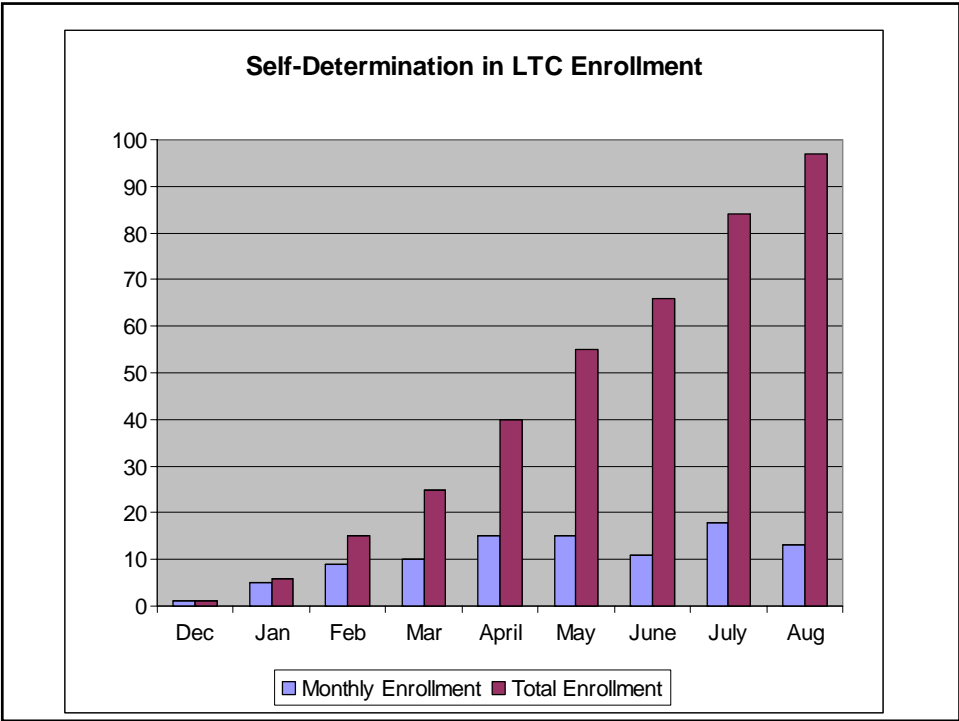
New Self Directed Services

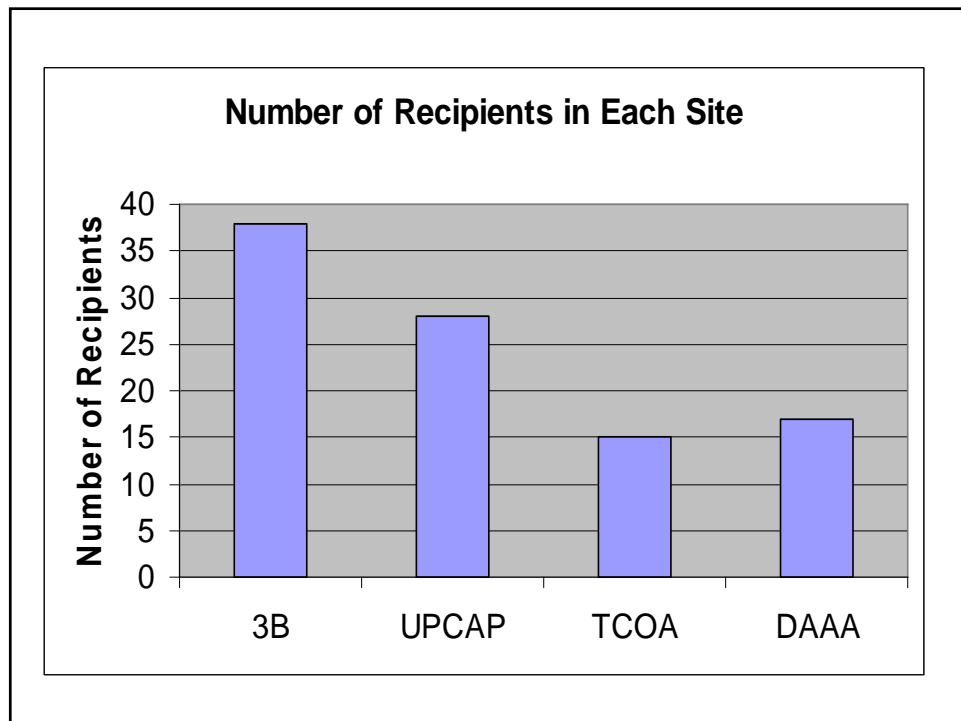
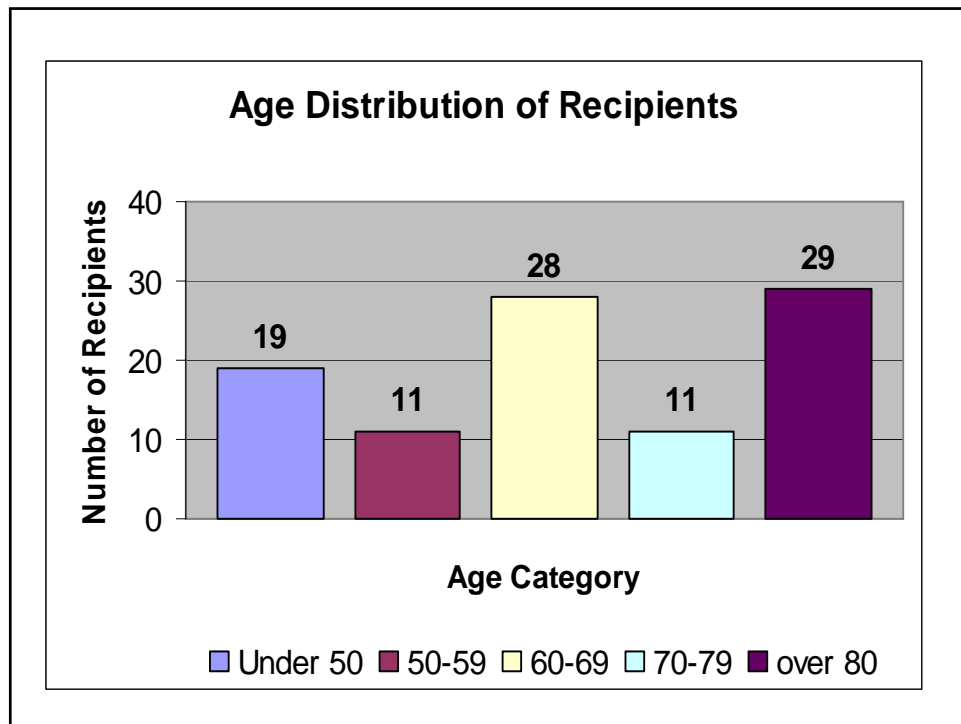
- Goods and Services
- Fiscal Intermediary
- Community Living Supports

Pioneer Sites

- Burnham Brook, DAAA, Tri-County Office on Aging, UPCAP







NEXT STEPS

- Enroll & Refine
- Train
- Train
- Evaluate
- Train
- Develop guidelines and policies, technical assistance



Beyond Pioneers

- Statewide in MI Choice waiver renewal
- First round of training 6 waiver agents
- Rest of state beginning first of 2008

Thank you!



SELF DETERMINATION

Self Determination incorporates a set of concepts and values that underscore a core belief that people who require support from the MI Choice waiver system should be able to define what they need in terms of the life they seek, have access to meaningful choices, and have control over their lives. Within the MI Choice waiver system, self determination involves accomplishing system change to assure that services and supports for people are not only person-centered, but person-defined and person-controlled. Self Determination is based on four principles. These principles are:


FREEDOM: The ability for individuals, with assistance from significant other (e.g., chosen family and/or friends) to plan a life based on acquiring necessary support in desirable ways, rather than purchasing a program. This includes the **freedom** to choose where and with whom one lives, who and how to connect to in one's community, the opportunity to contribute in one's own ways, and the development or maintenance of a personal lifestyle.

AUTHORITY: The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others, as needed. It is the **authority** to control resources.

SUPPORT: The arranging of resources and personnel, both formal and informal, to assist the person in living her/his desired life in the community as they define it. It is the **support** to develop or maintain a life chosen by the individual.

RESPONSIBILITY: The acceptance of a valued role by the person in the community through affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in way that are life-enhancing. This includes **responsibility** to use public funds efficiently and to contribute to the community through the expression of responsible citizenship as desired by the individual.

A hallmark of self-determination is assuring a person the opportunity to direct a fixed amount of resources, which is derived from the person-centered planning process and called an individual budget. The person controls the use of the resources in his/her individual budget, determining, with the assistance of chosen allies, which services and supports he/she will purchase, from whom, and under what circumstances. Through this process, they possess power to make meaningful choices in how they live their life.



Nursing Facility Transitions under the Federal Deficit Reduction Act Money Follows the Person Program

October 29, 2007

1



DRA MFP Grant: Purpose

**Centers for Medicare and Medicaid Services'
program objectives:**

- Increase the use of home and community-based services rather than institutional care.**
- Eliminate barriers in policy and funding to enable individuals to receive services in the setting of their choice.**
- Increase the state's ability to assure home and community-based services for individuals who transition from institutions.**
- Ensure provision of quality assurance and continuous quality improvement in services.**

2



DRA MFP Grant: Federal Requirements, I.

A qualified transition candidate:

- **Has resided in an institution for at least 6 months.**
- **Has been receiving Medicaid for at least one month.**
- **Meets nursing facility level of care criteria.**

3



DRA MFP Grant: Federal Requirements, II.

A qualified residence includes:

- **A home owned or leased by the individual or a family member**
- **An apartment with an individual lease, lockable access, and living, sleeping, bathing and cooking areas over which the individual has control.**
- **A community residence with no more than 4 unrelated residents**

4

DRA MFP Grant: National Evaluation, I.

Identifying information, 20+ items, monthly.

Examples:

- Medicaid identification #, case #,SSN
- Date of birth, death
- Type of record
- Fiscal year
- HIC number
- Maintenance status
- Basis of eligibility
- Restricted benefits flag
- Dual eligibility code

5

DRA MFP Grant: National Evaluation, II.

**Services information, 25+ items,
quarterly. Examples:**

- Medicaid Identification #
- Diagnoses codes
- Type of service, type of claim
- Date of payment, amount, quantity
- Beginning date, end date
- Provider ID, program type, plan ID
- Medicare payment
- Service codes, place of service

6

DRA MFP Grant: National Evaluation, III.

Quality of life information, 40+ survey items, annually.

Examples:

- Do you feel safe living here?
- Control over daily routine?
- Be alone when you want? Watch TV when you want? Etc.
- Choose your workers?
- Ever go without a bath? A meal? Medications?
- Treated with respect?
- Ever have belongings stolen by workers?
- Ever physically hurt by workers?
- Can you go shopping? See friends? Community activities?
- Working or volunteering?
- Satisfied with mood? Family relationships? Etc.
- Ever feel sad? Irritable? Aches and pain?

7

DRA MFP Grant: National Evaluation, IV.

Project reports, 20+ major system change topics, bi-annually. Examples:

- # of reinstitutionalizations by reason
- Type of challenges to recruitment, enrollment, access to services, ensuring health and welfare, accessing housing, interagency coordination
- Type of stakeholder involvement
- Policy and program changes
- Number of calls for critical back-up services
- Number in self-directed services, managing budgets, hiring workers, reporting abuse, opting out
- Improvements in quality management systems, number of plans reviewed, number and type of critical incidents
- Changes in housing options, # living in each type of residence, type of housing supplements

8

MFP Benchmarks

Mandatory national benchmarks:

- **1. Projected number of eligible individuals in each target group to be transitioned each year**
- **2. Qualified expenditures for HCBS each year**
- **Plus at least 3 state benchmarks, e.g.**
 - Increased transitions across waiver agents, across CILs
 - Increased use of self-determination in LTC
 - Increased housing options

9

Michigan's Transition Policy

- Support the transition services for Medicaid nursing facility residents who express the desire to move to a home & community setting
- Provide for the costs of their transition to a home & community setting of their choice, based upon a person-centered planning process
- Assure needed services and supports through the Medicaid program, based upon functional and financial eligibility
- Supports Olmstead Supreme Court ruling

10

Michigan's Transition Pathway

- **2006: Office of LTC Supports & Services**
 - Initiated four Single Points of Entry entities (ADRC model)
 - State funding investment of \$25M over 2.2 years
 - Demonstration projects intended to lead to statewide system
- **2006: PA 634 adopted**
 - Establishes SPEs in state statute
 - Requires functional LOC assessments to be conducted by the SPE for service area residents
 - Mandates SPEs to assist NF residents who request transition
 - Requires options counseling and development of a LTC support plan for individuals seeking LTC assistance
 - Requires hospitals to engage SPE for options counseling when patient needing LTC is close to discharge
 - SPE must authorize access to Medicaid LTC services for individuals in its service area

11

Transition Pathway

- Single Points of Entry providing the front-end transition coordination work
 - Person-centered planning
 - Options counseling
 - Assessment and general LTC support plan for transition
 - Involve and “hand-off” of the individual for actual transition process
 - To a MI Choice Waiver program entity when Medicaid eligibility for the waiver exists
 - To a CIL when eligibility for waiver does not exist
 - Assure access to other Medicaid LTC such as personal care
 - Conduct follow-along to monitor outcomes
 - Adjust and improve community supports

12

Identification of Candidates

- **SPE Level of care determination**
 - LOC tied to MDS assessment elements
 - In place since 2005
 - Conducted by providers until Nov 1, 2007
 - In over half of state, now LTC Connections (SPEs) will conduct LOC determinations instead of providers
- **MDS assessment-based contacts**
 - Examine who chooses to leave, based upon question Q1(a) of MDS
 - Establish protocols to approach these individuals
- **Referrals**
 - Residents, families, NF's and other networked agencies

13

Developing Transition Options

- **2007: DRA MFP grant awarded**
- **2007: 17% increase in MI Choice Waiver funding due to transition activity**
- **2008: Expand funding to all 15 CIL organizations to support performance-based transition services for non-Waiver eligible NF residents**
- **2008: Implement retention of patient-pay funds for supporting household maintenance pending NF transition**
- **2009: Add licensed specialized residential care payment option to the MI Choice Waiver**
- **2009: Expand SPE programs towards statewide system**

14

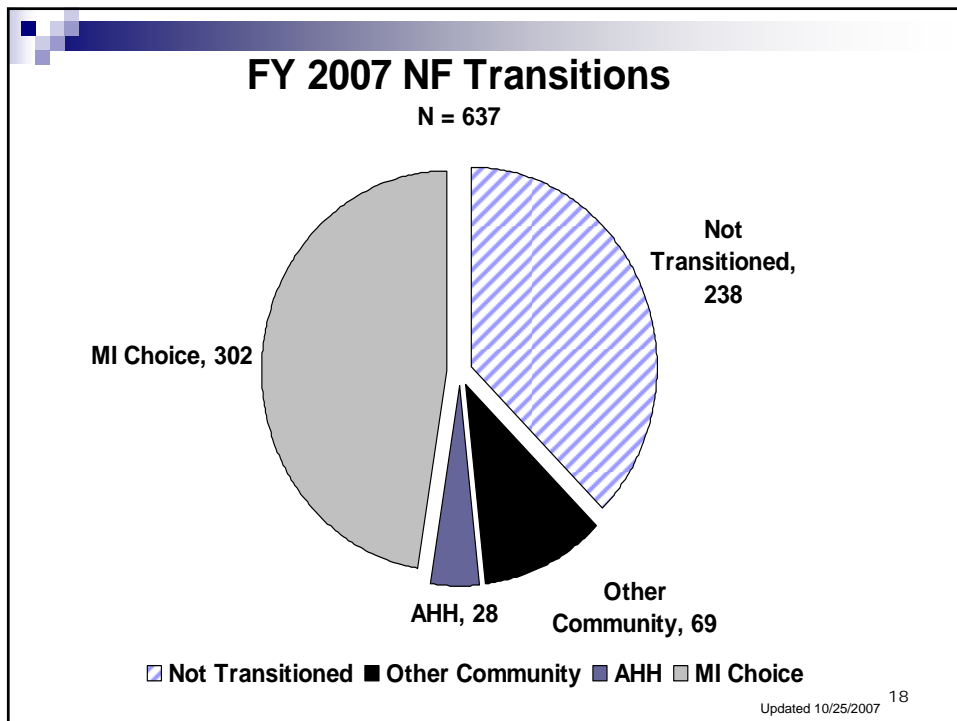
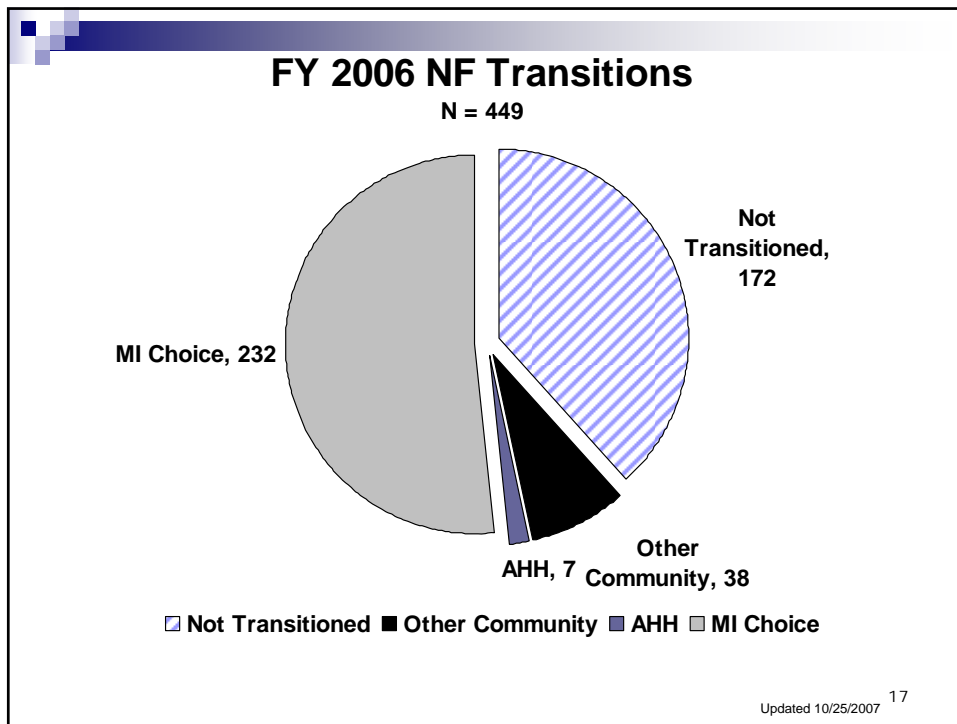
Data From Recent Transition Efforts

15

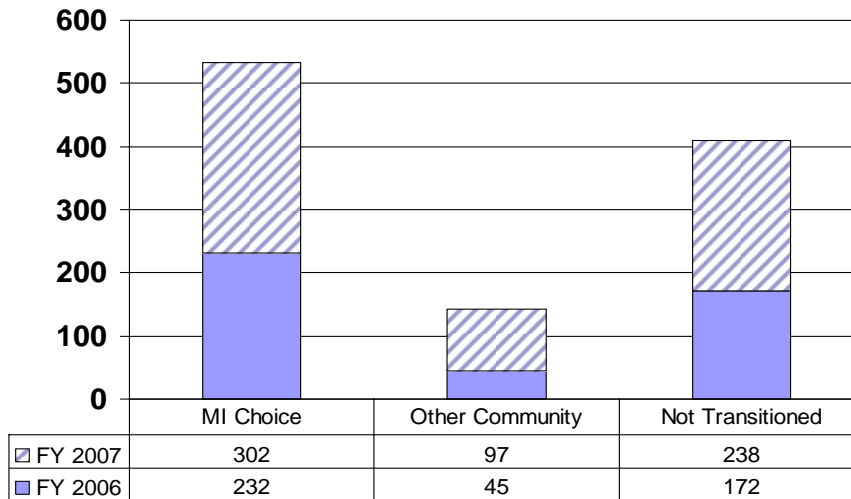
NFT Program Types

- MI Choice
 - Nursing facility residents that enroll in the MI Choice waiver program upon transition
- Other Community
 - Nursing facility residents that do not enroll in the MI Choice program upon transition. These participants may utilize Adult Home Help, AFC, Assisted Living, or other community-based programs upon transition.
- Not Transitioned
 - Nursing facility residents assessed by a transition agent who did not transition to the community during the fiscal year.

16



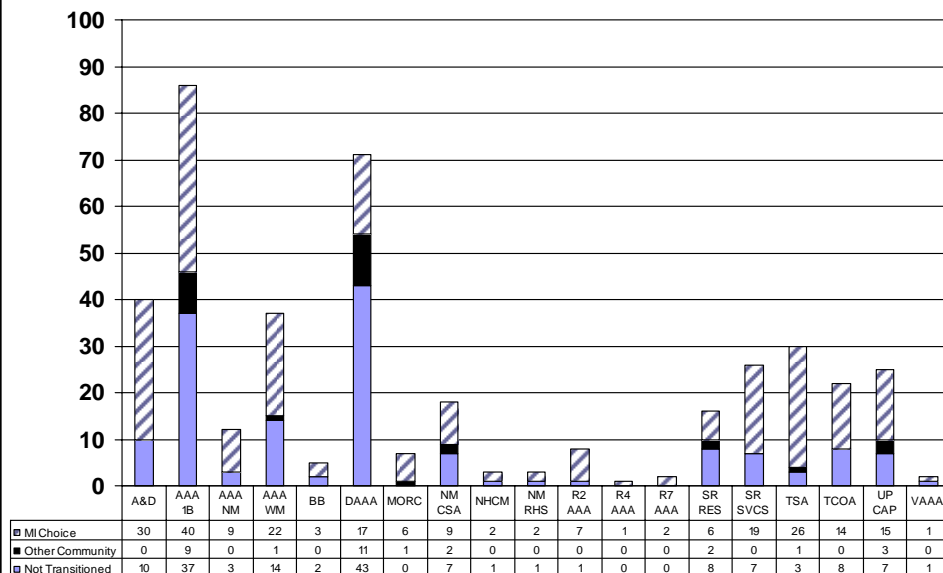
FY 2006 and FY 2007 NFT by Program Type, N = 1,086



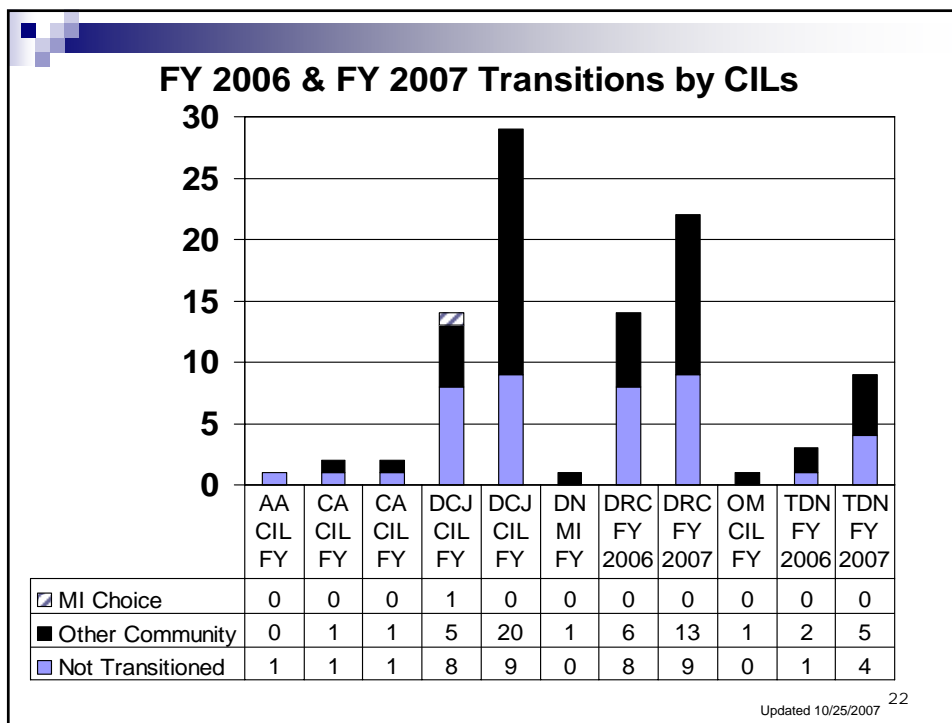
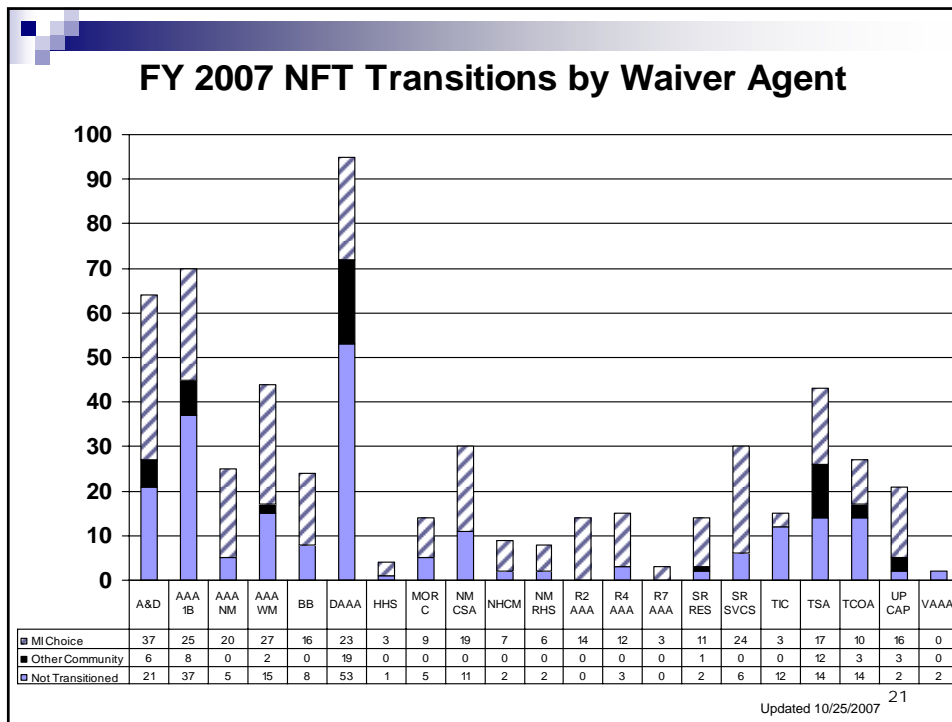
13.7% of Transitionees in FY 2006 did not need services in the community
 17.3% of Transitionees in FY 2007 did not need services in the community

Updated 10/25/2007 19

FY 2006 NFT Transitions by Waiver Agent



Updated 10/25/2007 20



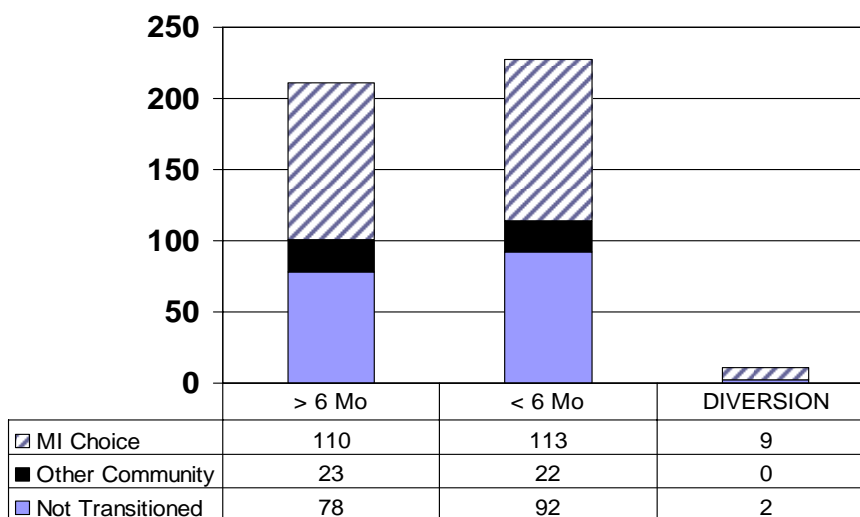
NFT Categories

- **> 6 Months**
 - Nursing facility residents that have resided in the facility for at least six months.
- **< 6 Months**
 - Nursing facility residents that have not resided in a nursing facility for six months. (aka buddies)
- **Diversion**
 - Persons who do not reside in a nursing facility, but are at imminent risk of nursing facility placement without MI Choice services, and for whom MSA has approved additional MI Choice funding.

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FY 2006 Nursing Facility Transition by Type

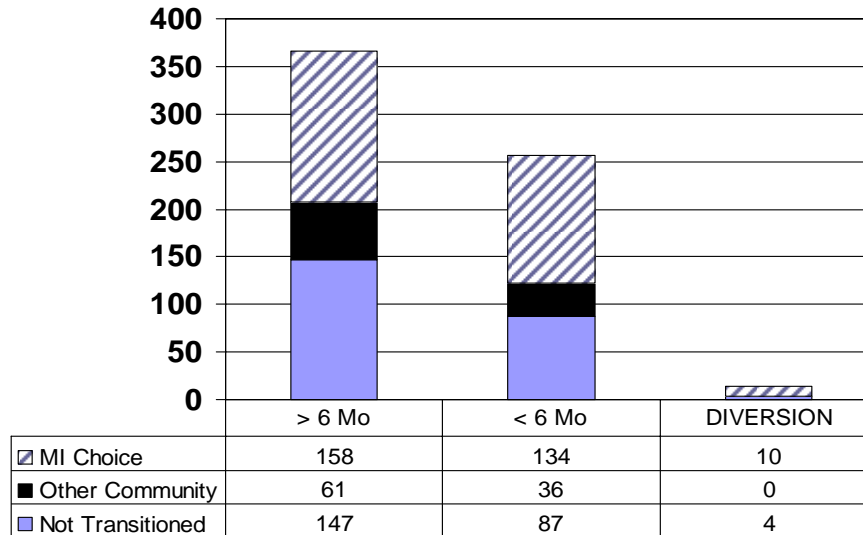
N = 449



Updated 10/25/2007 24

FY 2007 Nursing Facility Transition by Type

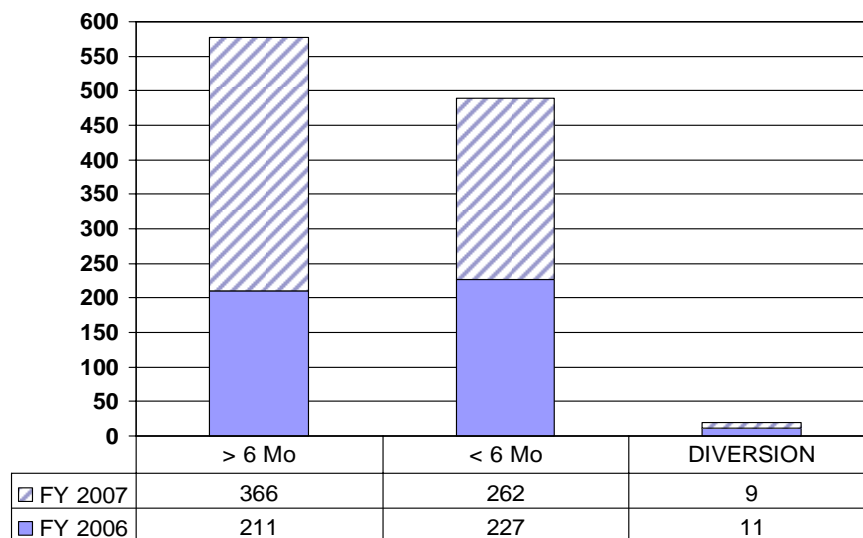
N = 637



Updated 10/25/2007 25

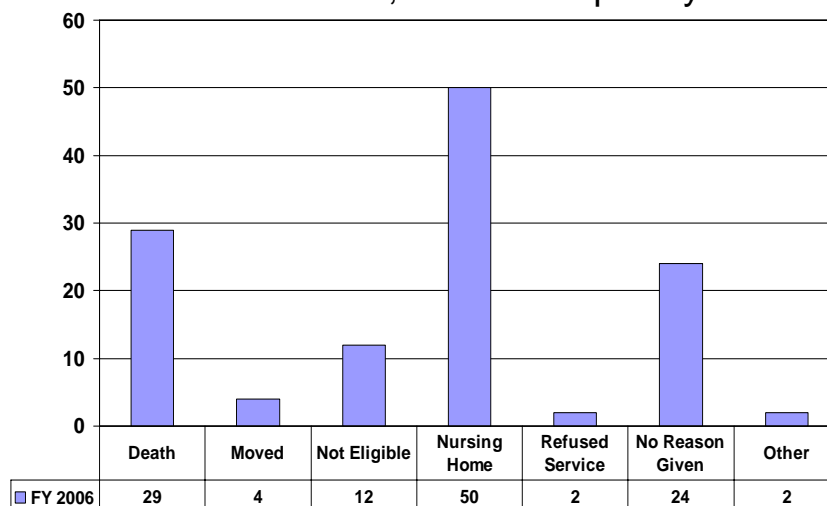
FY 2006 and FY 2007 NFTS BY TYPE

N = 1,086



Updated 10/25/2007 26

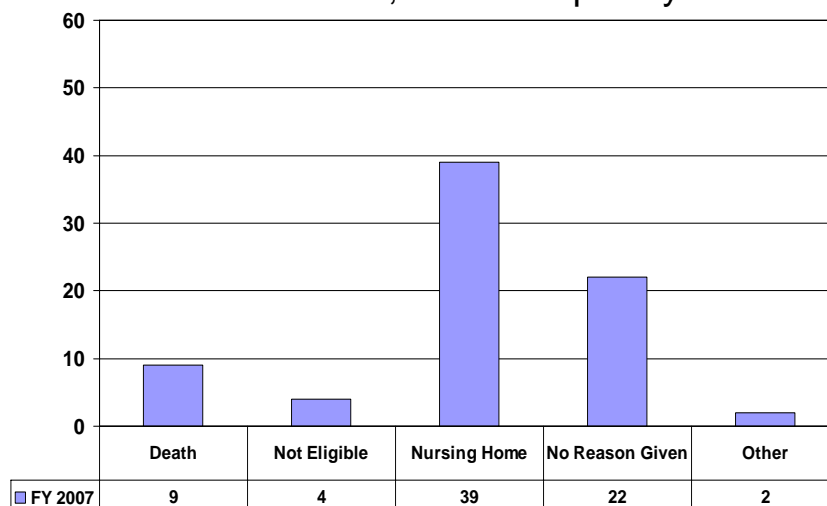
FY 2006 Transitionees Who Left MI Choice Waiver N = 232 into MI Choice; 123 subsequently exited



30 of these individuals returned to the waiver.

Updated 10/25/2007 27

FY 2007 Transitionees Who Left MI Choice Waiver N = 302 into MI Choice; 76 subsequently exited



9 of these individuals returned to the waiver.

Updated 10/25/2007 28